GOVERNMENT OF TELANGANA

ABSTRACT

Scheduled Castes Development Department - The Andhra Pradesh Reorganisation Act, 2014 –The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of Issue of Community Certificates Act, 1993 (Act No. 16 of 1993) and the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997 – Adaptation in the State of Telangana and amendments to the said Act and Rules – Orders – Issued.

SCHEDULED CASTES DEVELOPMENT (POA.A2) DEPARTMENT

G.O.Ms.No.5

Date:08.08.2014.

Read the following:

1. The Andhra Pradesh Re-organisation Act, 2014 (Central Act No.6 of 2014.)
2. The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993).

ORDER:

Whereas, by section 101 of the Andhra Pradesh Re-organisation Act, 2014 (Central Act No. 6 of 2014), the appropriate Government i.e. the State of Telangana is empowered by order, to make such adaptations and modifications of any law (as defined in section 2(f) of the Act) made before 02.06.2014, whether by way of repeal or amendment as may be necessary or expedient, for the purpose of facilitating the application of such law in the State of Telangana before expiration of two years from 02.06.2014; and thereupon every such law shall have effect subject to the adaptations and modifications so made until altered, repealed or amended by a competent Legislature or other Competent Authority;

2. And whereas, it has become necessary to adapt the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993) and the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997 with certain amendments for the purpose of facilitating their application in relation to the State of Telangana;

3. Now, therefore, in exercise of the powers conferred by section 101 of the Andhra Pradesh Re-organisation Act, 2014 (Central Act No.6 of 2014), the Government of Telangana hereby makes the following order, namely:-

1 (a) This order may be called the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993) (Telangana Adaptation) Order, 2014. Short title and Commencement

(b) It shall be deemed to have come into force with effect from 2.6.2014.

...2.
2 In this Order, the law i.e. the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993) being adapted in this order shall have the same meaning as defined in section 2(f) of the Andhra Pradesh Reorganisation Act, 2014.

3 In Act No.16 of 1993 viz., Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993, (a) for the words “Andhra Pradesh”, the word “Telangana State” shall be substituted.

(b) for the words “Legislative Assembly” the word “Legislature” shall be substituted.

4 (1) As from the appointed day, the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997 mentioned in the Schedule to this Order, shall, until altered, repealed or amended by a competent Legislature or other competent authority, have effect subject to the adaptations and modifications directed by that Schedule.

(2) For the purpose of this Order, and the Act, Rules and Regulations adapted herein the expression “the State” shall have the meaning and area as specified in section 3 of the A.P. Reorganisation Act, 2014.

SCHEDULE
[See paragraph(4)]

REGULATIONS


Throughout the order issued in G.O.Ms.No.58, Social Welfare (J) Department, dated 12.05.1997 as amended from time to time and in the Regulations,

For the words “Andhra Pradesh”, the word “Telangana State” shall be substituted.

For the words “Social Welfare”, the words “Scheduled Castes Development” shall be substituted.

The composition of the Scrutiny and Review Committee mentioned at Clause (a) of rule 7 of the said Rules and amended vide G.O.Ms.No.65, Social Welfare (CV.2) Department, dated 17.8.2004 shall be substituted with the following:

(a) (1) Principal Secretary / Secretary to Government Scheduled Castes Development Department -- Chairman

(2) Principal Secretary / Secretary to Government Tribal Welfare Department. -- Member
The composition of the Scrutiny and Review Committee mentioned at Clause (a) of rule 8 of the said Rules shall be substituted with the following:

1. Joint Collector -- Chairman
2. District Revenue Officer -- Member (Convener)
3. Deputy Director, Scheduled Castes Development -- Member
   Deputy Director (Tribal Welfare)/
   District Tribal Welfare Officer -- Member
   Deputy Director
   (Backward Classes Welfare / District
   Backward Classes Welfare Officer) -- Member
4. Officer of the Research organization in the Commissionerate of Scheduled Castes /
   Tribal Welfare nominated by the concerned Heads of the Departments. -- Member
5. Officer representing the Protection of Civil Rights /
   Vigilance Cell in the District -- Member

For the “Annexure – I”, the “Annexure-I” appended to this Order shall be substituted.
For the “Annexure – II”, the “Annexure-II” appended to this Order shall be substituted.
For the “Form-I”, the “Form-I A and Form-I B” appended to this order shall be substituted.
For the “Form-II”, the “Form-II A and Form-II B” appended to this order shall be substituted.
For the “Form-III”, the “Form-III A and Form-III B” appended to this order shall be substituted.
For the “Form-IV”, the “Form-IV A and Form-IV B” appended to this order shall be substituted.
For the “Form-VI”, the “Form-VI A and Form-VI B” appended to this order shall be substituted.

...4.
(3) The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997.

Throughout the order issued in G.O.Ms.No.65, Social Welfare (CV.2) Department, dated 17.8.2004 and G.O.Ms.No.5, Social Welfare (CV.1) Dept., dated 05.03.2012 as amended from time to time and in the Regulations,

For the words “Andhra Pradesh”, the word “Telangana State” shall be substituted.

For the words “Social Welfare”, the words “Scheduled Castes Development” shall be substituted.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)

Dr.T.RADHA
PRINCIPAL SECRETARY TO GOVERNMENT (FAC)

To
The Commissioner of Printing, Stationary and Stores Purchase, Chenchalguda, Hyderabad.
(with a request to publish in the extra-ordinary A.P. Gazette and furnish 1000 Gazette copies)
The Chief Commissioner of Land Administration, Telangana State, Hyderabad.
The Principal Secretary to Government, Revenue Department, Telangana State, Hyd.
The Director, Meeseva Centre, Hyderabad.
The Commissioner of Information & Public Relations Department
All the District Collectors in the State of Telangana.
All Revenue Divisional Officers and Mandal Revenue Officers
(through the District Collector concerned)
The Director of Scheduled Castes Development, Hyderabad.
The Director of Tribal Welfare, Hyderabad.
The Commissioner of Backwards Classes Welfare, Hyderabad.
All the Departments of Telangana Secretariat (with a request to communicate these orders to the HOD’s under their control)
All the Superintendents of Police in the Telangana State.
The Director, TCR&TI, Hyderabad.
The Registrar, High Court of Andhra Pradesh and Telangana States, Hyderabad.
The Registrar, APAT, Hyderabad.
The Deputy Inspector General of Police, PCR Cell, Telangana State, Hyderabad.
The Registrar, Jawaharlal Nehru Technological University, Hyderabad.
The Registrar, Kakatiya University, Warangal.
The Registrar, Telangana University, Nizamabad.
The Registrar, Mahatna Gandhi University, Nalgonda.
The Registrar, Dr.B.R.Ambedkar University, Hyderabad.
The Registrar, Potti Sriramulu Telugu University, Hyderabad.
The Registrar, Professor Jayashankar Telangana State Agricultural University, Hyderabad.
The Registrar, Nalsar University of Law, Hyderabad.
The Registrar, Palamuru University, Mahaboobagar.
The Registrar, Satavahana University, Karimnagar.

Copy to:
The Law (TLSP) Department.
All the PS to Chief Minister and Ministers of Telangana State.
The PS to CS to Govt., of Telangana State.
All the Spl.CS / Principal Secretary / Secretary / Special Secretaries to Government of Telangana State.
All HOD’s of Government of Telangana State
All the Corporations / Societies of Government of Telangana State.
All the Division Offices of Government of Telangana State (through the respective HOD’s)
All Heads of Departments under the control of Scheduled Castes Development Department, Telangana Secretariat, Hyderabad.
The Principal Secretary / Secretary / Additional Secretary / Deputy Secretary to Chief Minister of Telangana State.
All Sections under the control of Scheduled Castes Development Department, Telangana Secretariat, Hyderabad.
SF/SC.

//FORWARDED :: BY ORDER//

SECTION OFFICER

...6.
Government hereby notify that the authorities mentioned below in column (2) of the Table within their territorial jurisdiction as "Competent Authorities" for issue of Community Certificate, Nativity Certificate and Date of Birth Certificate declaring the persons as belonging either to Scheduled Castes/Scheduled Tribes as per notification of the Government of India and to Backward Classes in accordance with the notification of the Government of Telangana State, issued from time to time.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified Community</td>
<td>Competent Authorities</td>
<td>Jurisdiction</td>
</tr>
<tr>
<td>1. BC Group: A/B/C/D. All communities referred by the Govt., of Telangana State belonging to Backward Classes A/B/C/D Groups.</td>
<td>All M.R.Os in the State not below the rank of a Deputy Tahsildar.</td>
<td>Within the territorial jurisdiction of a Mandal</td>
</tr>
<tr>
<td>2. Scheduled Castes</td>
<td>All M.R.Os in the State not below the rank of a Deputy Tahsildar.</td>
<td>Within the territorial jurisdiction of a Mandal</td>
</tr>
<tr>
<td>3. Scheduled Castes</td>
<td>All Revenue Officials not below the rank of a RDO / Sub-Collector / or Assistant Collector in the State.</td>
<td>Territorial jurisdiction of a Revenue Division held by RDO / Sub-Collector / Assistant Collector</td>
</tr>
<tr>
<td>29. Malan Hannai</td>
<td>30. Mala Jangam</td>
<td></td>
</tr>
<tr>
<td>31. Mala Masti</td>
<td>32. Mala Sanyasi</td>
<td></td>
</tr>
<tr>
<td>33. Mang</td>
<td>34. Mang Garodi</td>
<td></td>
</tr>
<tr>
<td>35. Mashti</td>
<td>36. Matangi</td>
<td></td>
</tr>
<tr>
<td>37 Mehtar</td>
<td>38. Mittha Ayyalvar.</td>
<td></td>
</tr>
<tr>
<td>41 Pambada, Pambanda</td>
<td>42 Pamidi</td>
<td></td>
</tr>
<tr>
<td>43. Samagara</td>
<td>44. Samban</td>
<td></td>
</tr>
<tr>
<td>45 Sapru</td>
<td>46 Sindhollu, Chindollu.</td>
<td></td>
</tr>
</tbody>
</table>

| 4. **Scheduled Caste Bariki** | 5. **Scheduled Tribes Community** |
| District Collector | All M.R.Os in the State of Telangana not below the rank of a Deputy Tahsildar. |
| With in the territorial Jurisdiction of a District. | Within the territorial jurisdiction of a Mandal |

<p>| 1. Andh | 1. Andh |
| 2. Bagata | 2. Bagata |
| 3. Bhil | 3. Bhil |</p>
<table>
<thead>
<tr>
<th>15. Porja, Parangiperja</th>
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</tr>
</thead>
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<td></td>
</tr>
<tr>
<td>Territorial jurisdiction of a Revenue Division held by RDO / Sub-Collector / Assistant Collector</td>
<td></td>
</tr>
</tbody>
</table>

Dr.T.RADHA  
PRINCIPAL SECRETARY TO GOVERNMENT (FAC)  

...9.
ANNEXURE-II
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)
Department, dated 08.08.2014.)

Details of Forms:

Form I A and B : Applications for issue of Community and Date of Birth
Certificate and Nativity Certificate for Scheduled Tribes.

Form II A and B : Applications for issue of Community and Date of Birth
Certificate and Nativity Certificate for Scheduled Castes and
Backward Classes.

Form III A and B : Forms for Community and Date of Birth Certificate and Nativity
Certificate.

Form IV A and B : Notices to the applicant for verification issued by the
Competent Authority

Form V : Notices to the applicant for verification issued by the District
Level Scrutiny Committee (Doubtful claims)

Form VI A and B : Notices to the applicant for verification issued by the District
Level Scrutiny Committee (Fraudulent claims)

Dr.T.RADHA
PRINCIPAL SECRETARY TO GOVERNMENT (FAC)

...10.
Form of Application for issue of Community and Date of Birth Certificate relating to Scheduled Tribes under Section 3 (1) and 3 (2) of the Act 16 of 1993

(Information to be furnished by the applicant himself supported by the documentary evidence)

To
The Mandal Revenue Officer /
Revenue Divisional Officer /
Sub-Collector, Asst. Collector
--------------------------------- MandaI/ Division.
-----------------------------District

Sir,

I am in need of a Scheduled Tribe Community and Date of Birth Certificate for me / for my son/daughter for which the details are given below:

1. Name of the applicant in full (in block letters) ::

2. Sex of the applicant ::

3 a) Father's name ::
   b) Mother's name ::

4 Present postal address ::

5 Place of permanent residence of the certificate seeker / his father / paternal grand father, as on the date of the first notification declaring the community as a Scheduled Tribe, to which the certificate seeker claims to belong. ::

6. Age, date of birth and place of birth (If date is not known approximate year of birth). ::

7 Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished) ::

8 If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished ::

9 Community for which certificate is claimed (Including sub-tribe or sub-group) ::

10 a) Community of the father (Including sub-tribe or sub group)
   b) Community of the mother (Including sub-tribe or sub group)

...11.
11 Whether the applicant is
   a) a natural born son or daughter of his/her parents.
   OR
   b) adopted son/daughter of his/her parents

12. Aadhar Card No

13. Household Survey No

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information documents under Section 10 of the Act No.16 of 1993.

STATION:                                           Signature of the applicant

DATED:                                               Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Community and Date of Birth Certificate relating to Scheduled Tribe in Form I A, from________________________ (name of the applicant / parent / guardian) belonging to______________________________________Village/town
____________________________Mandal,____________ District on_______________.( date).

Name of the Office                                               Signature of the Officer authorised
Date:                                                               by the Competent Authority
(Name in capital letters)
and designation. (affix seal)

...12.
FORM – I B
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

Form of Application for issue of Nativity Certificate relating to Scheduled Tribes
under Section 3 (1) and 3 (2) of the Act 16 of 1993

(Information to be furnished by the applicant himself supported by the documentary evidence)

To
The Mandal Revenue Officer /
Revenue Divisional Officer /
Sub-Collector, Asst. Collector
--------------------------------- Mandal/ Division.
-----------------------------District

Sir,

I am in need of a Scheduled Tribes Nativity Certificate for me / for my son/ daughter for which the details are given below:

1. Name of the applicant in full (in block letters) ::

2. Sex of the applicant ::

3 a) Father's name ::
   b) Mother's name

4 Present postal address ::

5 Place of permanent residence of the certificate seeker / his father / paternal grand father, as on the date of the first notification declaring the community as a Scheduled Tribe, to which the certificate seeker claims to belong.

6. Age, date of birth and place of birth (If date is not known approximate year of birth). ::

7 Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished)

8 If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished ::

9 Community for which certificate is claimed (Including sub-tribe or sub-group) ::

10 a) Community of the father (Including sub-tribe or sub group)
   b) Community of the mother (Including sub-tribe or sub group)

...13.
11 Whether the applicant is
   a) a natural born son or daughter of his/her parents.
   OR
   b) adopted son/daughter of his/her parents

12. Aadhar Card No

13. Household Survey No

DECLARATION

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information documents under Section 10 of the Act No.16 of 1993.

STATION: Signature of the applicant

DATED: Signature of the Parent/Guardian

ACKNOWLEDGEMENT SLIP

Received an application for issue of Nativity Certificate relating to Scheduled Tribe in Form I B, from________________________ (name of the applicant / parent / guardian) belonging to______________________________________Village/town ____________________Mandal,__________________ District on________________ .( date).

Name of the Office Signature of the Officer authorised
Date: by the Competent Authority
(Name in capital letters)
and designation. (affix seal)
FORM II A

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

FORM OF APPLICATION FOR ISSUE OF COMMUNITY AND DATE OF BIRTH CERTIFICATE RELATING TO SCHEDULED CASTES / BACKWARD CLASSES UNDER SECTION 3 (1) OF ACT 16 OF 1993

(Information to be furnished by the applicant himself supported by documentary evidence)

To
The Mandal Revenue Officer,
Revenue Divisional Officer,
Sub-Collector, Assistant Collector
District Collector
-----------------------Mandal / Division,
-----------------------District.

Sir,

I am in need of a Scheduled Castes / Backward Classes Community and Date of Birth Certificate for me / for my son / daughter for which the details are given below:

1 Name of the applicant in full (in block letters)

2 Sex of the applicant

3 a) Father's name
   b) Mother's name

4 Present postal address

5 Permanent place of residence

6 Age, date of birth and place of birth (If date is not known, approximate year of birth:)

7 Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished)

8 If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished

9 Community for which certificate is claimed (including the sub-caste)

10 a) Caste (including sub-caste) of the father
    b) Caste (including sub-caste) of the mother

11 Religion professed by the applicant

12 a) Religion professed by the father of the applicant
    b) Religion professed by the mother of the applicant

...15.
13 Whether the applicant is

a) A natural born son or daughter of his/her parents

OR

b) Adopted son/daughter of his/her parents


15. Household Survey No

DECLARATION

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information/documents under Section 10 of the Act No.16 of 1993.

STATION: Signature of the applicant

DATED: Signature of the Parent/Guardian

ACKNOWLEDGEMENT SLIP

Received an application for issue of Community and Date of Birth Certificate relating to Scheduled Caste / Backward Class in Form II A from---------------------------------------------

( name of the applicant / parent / guardian) belonging to -----------------------------------------------

-----village/town ------------------------------mandaI,-----------------------------District on----------------

------------------ ( date.)

Name of the Office

Date:

Signature of the Officer authorised
by the Competent Authority

(Name in capital letters)
and designation.(affix seal)

...16.
FORM II B
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)
FORM OF APPLICATION FOR ISSUE OF NATIVITY CERTIFICATE RELATING TO SCHEDULED CASTES / BACKWARD CLASSES UNDER SECTION 3 (1) OF ACT 16 OF 1993
(Information to be furnished by the applicant himself supported by documentary evidence)

To
The Mandal Revenue Officer,
Revenue Divisional Officer,
Sub-Collector, Assistant Collector,
District Collector
-----------------------Mandal / Division,
-----------------------District

Sir,

I am in need of a Scheduled Castes / Backward Classes Nativity Certificate for me / for my son / daughter for which the details are given below:

1 Name of the applicant in full (in block letters)
2 Sex of the applicant
3 a) Father's name
   b) Mother's name
4 Present postal address
5 Permanent place of residence
6 Age, date of birth and place of birth (If date is not known, approximate year of birth:)
7 Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished)
8 If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished
9 Community for which certificate is claimed (including the sub-caste)
10 a) Caste (including sub-caste) of the father
    b) Caste (including sub-caste) of the mother
11 Religion professed by the applicant
12 a) Religion professed by the father of the applicant
    b) Religion professed by the mother of the applicant

...
13 Whether the applicant is
   a) A natural born son or daughter of his/her parents
   OR
   b) Adopted son/daughter of his/her parents


15. Household Survey No

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information/ documents under Section 10 of the Act No.16 of 1993.

STATION:                                                                       Signature of the applicant
DATED:

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Nativity Certificate relating to Scheduled Caste / Backward Class in Form II B from--------------------------------------------- (name of the applicant / parent / guardian) belonging to --------------------------------------------------------------

village/town ---------------------Mandal,-------------------District on---------------------- (date.)

Name of the Office

Date:  

Signature of the Officer authorised by the Competent Authority

(Name in capital letters)
and designation.(affix seal)
FORM III A
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

Serial No.
S.C District Code:
S. T Emblem Mandal Code:
B.C. Village Code:

Certificate No:

COMMUNITY AND DATE OF BIRTH CERTIFICATE

I) This is to certify that Sri / Smt / Kum ________________________________ Son / daughter of Sri--------------------------------------------------------------------of-------------------------------       Village
/Town ------------------------------------Mandal-------------------------------------------- District------------------

The Constitution (Scheduled Castes) Order, 1950
The Constitution (Schedule Tribes) Order, 1950.
G.O.Ms.No.1793, Education, dated 25-9-1970 as amended from time to time (BCs)

2) It is certified that the date of birth of Sri / Smt / Kum_________________________ is
Day_________________Month________________ Year_____________(in words) as per the
declaration given by his/ her father/mother/ guardian and as entered in the school records
where he/she studied.

Signature:
Date:
Name in Capital Letters:
Designation:

(Seal)

Explanatory Note:: While mentioning the community, the Competent Authority must mention
the sub-caste (in case of Scheduled Castes) and sub-tribe or sub-group
(in case of Scheduled Tribes) as listed out in the S.Cs., and S.Ts.,
(Amendment) Act, 1976.

...19.
FORM III B
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

Serial No.

S.C District Code:

S. T Emblem Mandal Code:

B.C. Village Code:

Certificate No:

NATIVITY CERTIFICATE

This is to certify that the place of birth of Sri/Smt/Kum ____________________________Son / daughter of 
Sri__________________________________is _______________________________Village / 
Town_____________________________Mandal ________________________District of 
Telangana State.

2) It is certified that Sri/Smt./Kum_____________________________is a native of 
________________________________________Village/Town ______________________Mandal 
____________________________________District of Telangana State.

Signature: 
Date: 
Name in Capital Letters: 
(Seal) Designation:

...20.
Notice to the Applicant

To
Sri/Smt/Kum__________________________village_______________________Mandal--_______________________________District, whereas an application has been made by_______________________________ (name of the certificate seeker) S/o, D/o, W/O________________________________________(Name of the father/husband) for the issue of Community and Date of Birth Certificate under Section 3(1)/ Sec.3(2) of the AP (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of Issue of Community Certificates Act, 1993. Notice is hereby given that an enquiry will be made about the community claim of the above mentioned applicant by the undersigned at___________________ (time) on__________ (date) of____________ (month) ________ (year) at ________________ (place). He/She shall appear without fail at the said place on the said date and said time to substantiate his or her Community and Date of Birth claim, with oral and documentary evidence, failing which the Competent Authority will confirm or reject the Community and Date of Birth claim of the applicant based on the documents/evidence furnished by the applicant in Form I A and B and II A and B to the Competent Authority and the material/evidence gathered by the Competent Authority in this case. He/She may bring his/her parents to assist him/her in the enquiry.

Place:            Signature and designation of Competent Authority.
Date:                                                                                               (seal)
FORM-IV B
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)
Department, dated 08.08.2014.)

NOTICE TO THE APPLICANT

To
Sri/Smt/Kum__________________________village_______________________Mandal--
____________________________________District, whereas an application has been
made by_______________________________ (name of the certificate seeker) S/o, D/o,
W/O________________________________________(Name of the father/husband) for the
issue of Nativity Certificate under Section 3(1)/ Sec.3(2) of the AP (Scheduled Castes,
Scheduled Tribes and BCs) Regulation of Issue of Community Certificates Act, 1993. Notice
is hereby given that an enquiry will be made about the community claim of the above
mentioned applicant by the undersigned at___________________ (time) on__________
(date) of____________ (month) 19_________ (year) at ________________ (place).
He/She shall appear without fail at the said place on the said date and said time to
substantiate his or her Nativity claim, with oral and documentary evidence, failing which the
Competent Authority will confirm or reject the Nativity claim of the applicant based on the
documents/evidence furnished by the applicant in Form I A and B and II A and B to the
Competent Authority and the material/evidence gathered by the Competent Authority in this
case. He/She may bring his/her parents to assist him/her in the enquiry.

Place:            Signature and designation of
                  Competent Authority.
Date:                                                                                               (seal)
FORM-V
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

To
Sri/Smt./Kum __________________ village__________________ mandal
______________District, Whereas a reference has been received by the Scrutiny Committee from the Competent Authority (specify the authority) regarding doubts about your community claim that you belong to SC/ST/BC community. The Committee now therefore directs you to attend the enquiry regarding your community claim on __________ (date) at_______________ (time) at_____________ (place) without fail. You are required to furnish all the documentary evidence in support of your community claim on the said date failing which the Scrutiny Committee will finalise its recommendations based on the material/documents/evidence made available to the Committee by the Competent Authority. You may bring your parents/guardian to assist you in the enquiry.

Date:                                                                            Chairman of the Scrutiny Committee
                                                (Joint Collector)
                                                (seal)
To

Sri/Smt/Kum. ________________ village_______________ mandal_______________ Dist

rict, Whereas a complaint has been received by this office alleging that you have obtained

ST/SC/BC Community and Date of Birth Certificate from (specify the authority who issued it)

fraudulently, and whereas I have reason to believe that you obtained S. T. /S.C. /B.C.
certificate for yourself/for your son/daughter fraudulently even though in reality you do not

belong to any Scheduled Tribe/SC/BC. Now therefore, you are hereby directed to attend

enquiry regarding your Community and Date of Birth Certificate claim on _____________

date) at_______________ (time) at ______________ (place) without fail. You are required to

furnish all the documentary evidence in support of your Community and Date of Birth

Certificate claim on the said date failing which the Scrutiny Committee will finalise its

recommendations based on the material/documents/evidence made available to the

Committee by the District Collector. You may bring your parents/guardian to assist you in

the enquiry.

Date:
Place:                                Chairman of the Scrutiny Committee
                                          (Joint Collector)
                                          (seal)

...24.
FORM VI B
(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

To

Sri/Smt/Kum. __________________ village_________________ mandal___________________ Dist
rict, Whereas a complaint has been received by this office alleging that you have obtained
ST/SC/BC Nativity Certificate from (specify the authority who issued it) fraudulently, and
whereas I have reason to believe that you obtained S. T. /S.C. /B.C. Nativity Certificate for
yourself/for your son/daughter fraudulently even though in reality you do not belong to any
Scheduled Tribe/SC/BC. Now therefore, you are hereby directed to attend enquiry
regarding your Nativity claim on ______________ (date) at______________ (time) at
_____________ (place) without fail. You are required to furnish all the documentary
evidence in support of your Nativity claim on the said date failing which the Scrutiny
Committee will finalise its recommendations based on the material/documents/evidence
made available to the Committee by the District Collector. You may bring your
parents/guardian to assist you in the enquiry.

Date:
Place:                                                                                    Chairman of the Scrutiny Committee
                                                                                           (Joint Collector)
                                                                                           (seal)